DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: GABLES ON THE POND II (0009646)

Address: 305A S SPRING ST, RANDOM LAKE, WI 53075

License Status: REGULAR

Licensed/Certified/Registered 03/01/2003

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History			
Survey ID: 0096275	End Date: 01/27/2006	Type: ABBREVIA	ATED Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0095414	End Date: 08/18/2005	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0092771	End Date: 06/02/2004	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0091171	End Date: 09/17/2003	Type: OTHER	Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED			

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 04/28/2005 Date Investigation Completed: 08/23/2005

Subject Area(s) Result SOD #

ABUSE NOT SUBSTANTIATED MEDICATIONS NOT SUBSTANTIATED